

(1) PLACE OF BIRTH

County of *Abbeville*Township of *Cedar Springs*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2485

Registration District No. *103* Registered No. *4*

(For use of Local Registrar)

(2) Full Name of Child *James Wharton*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Feb. 4th 1915*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Geo. Wharton

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Corrie Whorton

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C. R. 3

(16) COLOR OR RACE

Negro or black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Abbeville Co.

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Martha M. Johnson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Abbeville R. 3

Given name added from a supplemental report

James Wharton 1915

(26) Witness

Sue Wardlaw

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb. 25 1915**S. M. Wardlaw*

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BENDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia